Australian Government
The Treasury

2022-23 pre-budget submission

Occupational Therapy Australia submission

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Executive Summary

At a time of pandemic, when Australia's health system is under unprecedented strain and our national debt has soared, it is imperative that we use existing resources more efficiently.

In order to achieve this, the very purpose of health care needs to be revisited. Rather than merely curing illness, there needs to be greater emphasis on the preservation of wellness. We must aim to keep people out of hospital, and to get the hospitalised out of hospital sooner. Early identification of those in need of mental health supports is another imperative. We should ensure those ageing in their own homes can do so as safely as possible, thereby minimising the likelihood of their having to enter residential care. Key to this is a much greater emphasis on falls prevention among the elderly. We should manage chronic conditions using genuinely multi-disciplinary care teams. And we should help those with disability to lead as fulfilling and productive lives as possible.

Significantly, occupational therapists are trained to help achieve **all** of these outcomes. It is vital, therefore, that government recognise the value of occupational therapy, and facilitate access to this unique form of care.

This submission proposes sensible and affordable ways of achieving this. It offers solutions to problems confronting occupational therapists and their clients across the health, disability, aged care, mental health, veterans, primary health, and private health insurance sectors. It also proposes ways of addressing workforce shortages across these sectors, particularly in rural and remote regions of the country.

Demand for occupational therapy is rising steadily, due to factors including the roll out of the National Disability Insurance Scheme, recommendations arising from the *Royal Commission into Aged Care Quality and Safety*, and the recommendations of several recent inquiries into mental health care. Despite new university courses in occupational therapy being established nearly every year, demand for graduates continues to outstrip supply. The Commonwealth Government should ensure that this limited pool of occupational therapists is deployed effectively and, once in place, that they are appropriately supported and remunerated.

The attraction and retention of occupational therapists will help ensure our health, ageing and disability sectors achieve better outcomes for clients, and in a much more cost effective manner.

Summary of Recommendations

Telehealth

Recommendation: The Commonwealth Government continue to subsidise, in part or entirely, the use of telehealth platforms through the PHN program for occupational therapy providers of Medicare services, based on the general practice funding model.

Recommendation: The Commonwealth government should provide an initial longer duration or higher rebate-based telehealth item designed to cover some of the cost of supporting consumers to access and set up the technology needed for telehealth.

National Disability Insurance Scheme

Recommendation: That the current fees for allied health services are retained in the 2022-23 NDIS Pricing Guide, and indexed annually, in order to attract and retain the workforce needed to support NDIS participants.

Recommendation: That the DVA is removed from consideration as part of the NDIA's annual pricing review based on its failure to adequately remunerate providers, and thereby attract and retain a sustainable workforce.

Recommendation: That the NDIA work with OTA and other allied health peak bodies to understand and address the issues impacting workforce productivity, attraction and retention.

Recommendation: That an hourly rate for therapy supports is retained in the NDIA's 2022-23 Pricing Guide, as well as the current billing arangements for non face-to-face time, including travel.

Recommendation: OTA reiterates its call for a flat rate for therapy supports that reflects the true costs of providing services under the NDIS.

Recommendation: NDIS service providers registered with the Australian Health Practitioner Regulation Agency have already been deemed competent to practise by the Commonwealth Government and should not have to undertake onerous registration through the NDIS Quality and Safeguards Commission. This would relieve a bureaucratic burden on AHPRA registered allied health providers working in the NDIS.

Recommendation: The Commission ensure that any audits it undertakes are proportionate to the size of the organisation being audited and the types of supports it provides. The register of auditors approved by the Commission should be significantly enlarged, with multiple auditors in every state and territory.

Recommendation: The NDIA more accurately calculate the net cost of the scheme through a greater acknowledgement of the economic benefits of participant care.

Department of Veterans' Affairs

Recommendation: The DVA fee schedule for occupational therapists be further updated to ensure that occupational therapists are being fairly remunerated for all the work they undertake in caring for veterans, including client related non face-to-face work. By ensuring the DVA fee schedule is fair, and is never allowed to become outdated again, the sustainability of this vital workforce can be ensured.

Primary Health Care

Recommendation: The Australian Government implement an interdisciplinary, preventative model of health care that encourages active dialogue between all members of a patient's care team.

Recommendation: Any further draft plans or strategies should place greater emphasis on the important role of allied health professionals in providing effective primary health.

Aged Care

Recommendation: Funding for occupational therapy services – including home assessment, home modifications and equipment prescription – should be increased across all home care programs.

Recommendation: The Commonwealth should develop guidelines for reasonable and necessary home modifications and assistive equipment. These should be afforded to home care clients on the basis of clinical need, as determined by an occupational therapist or other skilled professional.

Recommendation: The Commonwealth Government should incentivise Residential Aged Care Providers to make occupational therapists available to their residents.

Recommendation: The Star Rating System for residential aged care should reserve 4 and 5 stars for providers that are delivering true, quality care.

Recommendation: The Commonwealth Government should incentivise occupational therapy students to work in aged care by providing graduate/early career programs.

Mental Health

Recommendation: The role of occupational therapists in the* Better Access *initiative should be ongoing.

Recommendation: Australian government introduces a bulk-billing incentive for Medicare Better Access services to support improved access for young people under the Headspace program and for consumers without the capacity to pay significant out of pocket costs including older people in residential care.

Recommendation: The Australian government introduce a rural loading for in-person Medicare Better Access Services provided in Modified Monash regions 4-7.

Recommendation: The government introduces permanent arrangements to support aged care residents to access up to 20 Medicare subsidised individual psychological services each calendar year.

The maldistribution of the health, aged care and disability workforce

Recommendation: The federal government commit to addressing workforce shortages, and consequently reduced access to essential services, in rural, regional and remote parts of Australia. The government might work with state and territory governments to develop training networks that link major metropolitan hospitals with smaller regional and rural hospitals, and increase the provision of rural-based scholarships and fellowships to attract students and recent graduates to locations outside our major cities.

Recommendation: The office of the National Rural Health Commissioner develop a comprehensive rural and remote health strategy specific to allied health, in consultation with all interested parties. The expanded use of telehealth consultations must figure in this strategy.

The occupational therapy workforce

Recommendation: The development of career pathways for clinicians that enable them to work to top of scope and advanced scope of practice.

Recommendation: The development of pathways for rural populations that facilitate their entry into higher education programs in allied health. This might include the flexibility to study remotely from regional or remote areas, or to undertake placements rurally.

Private health insurance

Recommendation: The Australian Government encourage the private health insurance industry to play a more proactive role in the delivery of preventative healthcare and, in particular, falls prevention among elderly policyholders.

Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to make this submission to the Australian Government ahead of the release of the 2022-23 Federal Budget.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of 31 December 2021, there were approximately 26,500 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities.

Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology and home modifications, and key disability supports and services.

Telehealth

OTA commends the Australian Government for its timely amendments to the MBS, providing occupational therapists and other health professionals with funding to safely deliver care by means of telehealth as COVID-19 began forcing lockdowns and impacting access to care. This enabled the ongoing care of vulnerable Australians, and ensured the viability of many allied health practices. OTA welcomed the Australian Government's subsequent announcement late in 2021 that the telehealth arrangements put in place in response to the pandemic are to be made permanent.

A range of reviews have evaluated the use of telehealth during the pandemic, highlighting positives and ongoing challenges. In the case of occupational therapy, many services can be effectively delivered via telehealth. Telehealth reduces the time spent travelling to and from clients, enabling more clients to be seen in a day and thereby going some of the way to addressing an occupational therapy workforce shortage which is rapidly becoming more acute. A hybrid care model, whereby telehealth appointments are interspersed by face-to-face appointments as deemed necessary by the occupational therapist in consultation with the client.

However, supporting clinicians and consumers to access and use technology remains a challenge. In some areas, access to a reliable internet connection is expensive and/or impossible. For consumers with financial or functional challenges, occupational therapists may need to spend significant time helping the person set up and access technology before they can commence clinical services. This is currently unfunded and contributing to reduced use of telehealth or a reliance on telephone-based services.

Recommendation: The Commonwealth Government continue to subsidise, in part or entirely, the use of telehealth platforms through the PHN program for occupational therapy providers of Medicare services, based on the general practice funding model.

Recommendation: The Commonwealth government should provide an initial longer duration or higher rebate-based telehealth item designed to cover some of the cost of supporting consumers to access and set up the technology needed for telehealth.

National Disability Insurance Scheme (NDIS)

Therapy pricing arrangements

Current price limits for NDIS therapy supports are appropriate and should increase with the Consumer Price Index (CPI) over time. OTA believes this is essential to attracting and retaining experienced occupational therapists in the NDIS and thereby ensuring equitable access to occupational therapy services for participants.

However, OTA is concerned that the current NDIS annual pricing review may result in reductions in the fees paid by the National Disability Insurance Agency (NDIA) to service providers. This is because the NDIA has indicated that the NDIS fee schedule is to be compared with the fee schedules of other schemes in which allied health professionals work, several of which pay lower fees.

In particular, OTA is deeply concerned by the proposal to compare the NDIS pricing arrangements with those of the Department of Veterans' Affairs (DVA). Unlike the NDIS, DVA is not an insurance scheme. Hence, its underlying purpose is fundamentally different.

Currently, demand for occupational therapy services outstrips supply. This is evidenced by recent data from the National Skills Commission (2021), which identified a shortage of occupational therapists in every state and territory except Queensland. OTA is, however, confident that significant workforce shortages also exist in Queensland. According to the Queensland Productivity Commission (2021), "compared to combined measures for all states, Queensland providers have *more* difficulty in recruiting allied health professionals" (emphasis added).

This shortage of occupational therapists is despite the NDIS currently drawing a significant number of practitioners from other areas (e.g., Medicare, Department of Veterans Affairs, residential and community-based aged care) due to its competitive hourly rate. Were these rates to substantially decrease or fail to keep up with the CPI, it is uncertain whether the NDIS could retain the number of experienced therapists needed, both to provide supervision to less experienced clinicians and to directly support participants, especially those with more complex needs.

This is demonstrated in the following comments by an OTA member and NDIS provider.

> *"There is a drastic shortage of OTs for the supply of services needed, influx of big national players and the tax advantages for non-profits have meant as a private company, we are already struggling to compete for workforce.*
>
> *If the rate was less or doesn't increase with CPI we would only be able to afford new graduate therapists, who cannot support the complex clients we see. This would produce negative outcomes for our clients."*

OTA recommends that the NDIA exercise great caution in comparing NDIS arrangements for therapy supports to other schemes and the private market.

In the context of the NDIS, OTA believes an appropriate fee schedule is particularly important to compensate providers for the additional costs associated with delivering care under this scheme. These costs include, but are not limited to:

- ***Financial risk:*** OTA members report that in some instances, it can take weeks or even months to receive payment from plan- or self-managed participants. Where a plan- or self-managed participant fails to pay, there is also no recourse to seek payment. This financial risk to providers is higher in the NDIS, where providers may only seek prepayment in very limited circumstances, than with private clients, where the occupational therapist may request upfront payment for services.

- ***NDIA policies and processes:*** OTA members consistently report that they must spend hours of unpaid time negotiating with the Agency to ensure the participant receives best practice care as well as funding for reasonable and necessary supports. This includes resending information which has already been provided, reiterating clincial reasoning which has been covered in written documentation, and even completing work pro bono where this is required to ensure best practice care.

  For example, OTA is aware of situations in which a piece of equipment was approved in a new plan without the necessary follow up occupational therapy hours. In such instances, a clinician must complete an equipment review to ensure the item is set up safely. At this point in time they are not being remunerated for this service by the NDIA.

Provider rates must also remain competitive to attract and retain the necessary workforce in a setting that is generally more bureaucratic and complex than other markets. In particular, NDIS work is associated with a high administrative burden which OTA members report is a significant deterrant to operating within the scheme. This includes, but is not limited to:

- ***Documentation requirements:*** Whilst occupational therapists are always required to document their clinical reasoning, OTA members consistently report that NDIS extensive documentation requirements exceed those of many other markets in terms of both length and complexity.

  For example, members have described the assistive technology request form as increasingly time consuming, repetitive and unclear. As noted by one OTA member:

  > *"The NDIA make the AT form longer every release, and it asks for the same information repetitively. We complete a much shorter form for the Insurance Commission of WA and it achieves the same outcomes.*
  >
  > *Our best-case scenario would be to use all funding to achieve goals and outcomes for our clients. Currently we spend (waste) a significant percentage of time dealing with the failings of this system."*

Recommendation: That the current fees for allied health services are retained in the 2022-23 NDIS Pricing Guide, and indexed annually, in order to attract and retain the workforce needed to support NDIS participants.

Recommendation: That the DVA is removed from consideration as part of the NDIA's annual pricing review based on its failure to adequately remunerate providers, and thereby attract and retain a sustainable workforce.

Recommendation: That the NDIA work with OTA and other allied health peak bodies to understand and address the issues impacting workforce productivity, attraction and retention.

Other issues pertaining to therapy pricing arrangements

Billing approach

An hourly rate for therapy supports is preferable to a 'per consultation' billing approach. This is because the amount of time a service takes to provide may be highly variable depending on the client and their needs. For example, a simple assistive technology report may take two hours, while a more complex one may take twice that.

Non face-to-face billing arrangements

OTA advocates for occupational therapists to be remunerated for all aspects of their work through the inclusion of client related non-face to face billing arrangements in the pricing guide. Occupational therapists use this for a range of activities which are essential to the delivery of care. This includes preparing plans for home modifications, engaging contractors, researching equipment options, organising trials, writing reports, case conferencing with others involved in the care team, and developing resources for support workers.

Without the capacity to charge for this time, it would not be financially viable for occupational therapists to provide services to NDIS participants.

Travel

It is essential that the ability to charge for travel time is retained in the NDIA's 2022-23 Pricing Guide. Whilst some occupational therapy interventions can be delivered effectively via telehealth or in a practice, occupational therapists often need to directly observe how a participant functions and to provide interventions in their own environment/s. Indeed, this is core to the profession (Dunn et al., 1994; Ciampa et al., 2016).

The current arrangements also enable businesses to absorb some travel time where required, such as, for example, when the most suitable therapist needs to travel further or is not able to align travel with a nearby participant.

This is particularly important in instances where participants are struggling to locate a suitably skilled therapist nearby. Rather than leave these participants without support, where reasonable and feasible the business may absorb the additional travel cost. This would not be possible if travel fees were reduced or ceased to be indexed.

Recommendation: That an hourly rate for therapy supports is retained in the NDIA's 2022-23 Pricing Guide, as well as the current billing arangements for non face-to-face time, including travel.

Fee differentiation

OTA remains concerned that our repeated call for a flat rate to be applied to all therapy providers within the NDIS, irrespective of profession or location, continues to be disregarded. Psychologists continue to be paid a higher fee than other allied health professionals (and with further differentiation within the psychology profession itself) and physiotherapists working in certain locations continue to command a higher hourly rate.

OTA is concerned that such differentiation will pave the way for an increasingly complicated schedule of fees, which is soon rendered obsolete by changing demographics and, as such, is inherently unfair.

Recommendation: OTA reiterates its call for a flat rate for therapy supports that reflects the true costs of providing services under the NDIS.

Certification of NDIS providers

OTA continues to receive extensive feedback from members, particularly sole providers and small business owners, who are concerned about the administrative and financial cost of seeking certification by the NDIS Quality and Safeguards Commission (the Commission).

Many providers are seriously considering walking away from the scheme due to the requirement that they undergo a prohibitively expensive and time consuming audit. Despite protestations to the contrary from the Commission, OTA can only conclude that this expense is, at least in part, attributable to the fact that providers are required to select from a small list of approved auditors. This is plainly anti-competitive and, as a result, some occupational therapists have been quoted audit fees in excess of $15,000.

Those based in rural and remote locations are required to cover the travel and accommodation costs of the visiting auditors. The fact that this cost will have to be met every three years renders NDIS work for many smaller practices unsustainable.

Despite assurances from the Commission, the cost of certification is <u>not</u> proportionate to the size of the practice or the business.

OTA has also begun to receive complaints from members about yet another layer of bureaucracy, namely complying with NDIS Worker Screening Requirements. While these requirements replace state and territory-based requirements for working in the disability sector, and will facilitate movement of health professionals across state and territory borders, our members report that complying with the new requirements is more onerous than was previously the case.

OTA asks why complying with these requirements is necessary, given that occupational therapists undergo annual registration with AHPRA and are already registered with the NDIS Quality and

Safeguards Commission. OTA recommends the removal of this bureaucratic burden on AHPRA registered allied health providers working in the NDIS.

Recommendation: NDIS service providers registered with the Australian Health Practitioner Regulation Agency have already been deemed competent to practise by the Commonwealth Government and should not have to undertake onerous registration through the NDIS Quality and Safeguards Commission. This would relieve a bureaucratic burden on AHPRA registered allied health providers working in the NDIS.

Recommendation: The Commission ensure that any audits it undertakes are proportionate to the size of the organisation being audited and the types of supports it provides. The register of auditors approved by the Commission should be significantly enlarged, with multiple auditors in every state and territory.

Establishing eligibility for the NDIS

OTA is on the record as supporting easier access to the NDIS and is acutely aware that, too often, a potential participant's socio-economic status is a key factor in whether or not they are deemed eligible for the scheme. However, any changes to the assessment of eligibility for the NDIS must be evidence based and ethical. The proposed Independent Assessments, ultimately abandoned by the Commonwealth Government in 2021 in the face of widespread community concern, were neither.

Given many of the proposed reforms to the NDIS are justified by the Commonwealth Government on the grounds of the scheme's financial sustainability, the NDIA should be more transparent in this space.

For example, a broader consideration of the economic benefits/ impacts of the scheme would allow a more accurate picture to be painted of the sustainability and potential benefit of the NDIS. By factoring in the reduced cost on carers through increased independence of scheme participants and their possible return to the workforce, the scheme would not only be acknowledging the cost of eligibility, but also what is returned to the community and economy by allowing participants to fulfil their potential.

Recommendation: The NDIA more accurately calculate the net cost of the scheme through a greater acknowledgement of the economic benefits of participant care.

Department of Veterans' Affairs

Given the demands of military service, both physical and mental, a sizeable proportion of veterans require the services of occupational therapists. Furthermore, the number of veterans requiring the services of an occupational therapist grows as our veterans age. A notable and growing cohort of veterans is those exiting the Australian Defence Force (ADF) in their 30s, who might need a lifetime of support.

While occupational therapists derive enormous professional satisfaction from working with veterans, their work had become increasingly difficult to sustain. This is because remuneration for

such work was, in effect, frozen for nearly twenty years by successive Australian governments. Occupational therapists only kept working with veterans out of loyalty to longstanding clients, and by cross subsidies from more sustainable areas of practice.

OTA welcomed the 27% fee increase delivered in the 2021-22 Federal Budget and this has gone some of the way to making the provision of this essential care sustainable. Yet problems remain.

On 1 October 2019, the Department of Veterans' Affairs (DVA) introduced a new treatment cycle for those veterans and war widows being cared for by allied health professionals. The new cycle requires a client to obtain a new referral from their GP after twelve sessions with an allied health professional, or twelve months, whichever comes first. Unfortunately, the new treatment cycle imposes an enormous administrative burden on allied health professionals, work for which they are not remunerated. The problem is compounded by the fact that many GPs remain unfamiliar with the details of, and their key role in, the new arrangements. This leads to repeated and time-consuming interactions between a client's allied health providers and the client's GP. This is frustrating for all concerned.

This lack of remuneration for compulsory administrative work limits the sustainability of the DVA workforce through care providers leaving the scheme due to financial pressures. Furthermore, the time taken to undertake these administrative tasks can often limit the ability of occupational therapists to see clients and provide essential care, thus challenging the scheme's effectiveness.

Moreover, it is widely reported that the DVA Fee Schedule remains unsustainably low. This is despite the significant fee increase announced in the 2021-22 Federal Budget. These concerns are exacerbated by the fact that DVA does not pay for any non face-to-face time, despite this being essential to the delivery of care.

The outdated DVA fee schedule resulted in an exodus of experienced occuaptional therapists from the workforce. In some regional and remote areas, it means that DVA clients are not able to access occupational therapists at all. For example, OTA is aware of only one occuaptional therapist who continues to service DVA clients in the Northern Territory.

One OTA member advised:

> *"We do not provide services under DVA for 2 reasons: the rate is too low to be viable and they expect non face to face services to not be billed…This is contrary to many other service-based industries where if it directly relates to providing an outcome for the client (legal, financial, any consulting services), it is funded."*

The OTA members who continue to service this population consider this "charity work" and do so out of respect for longstanding relationships with DVA clients and out of concern that these clients will otherwise be unable to access occuaptional therapy services.

OTA notes that the DVA market is currently the subject of a review being undertaken by the Boosting the Local Care Workforce (BLCW) Program. BLCW Regional Coordinators have identified a range of significant issues of which the DVA should be aware.

Recommendation: The DVA fee schedule for occupational therapists be further updated to ensure that occupational therapists are being fairly remunerated for all the work they undertake in caring for veterans, including client related non face-to-face work. By ensuring the DVA fee schedule is fair, and is never allowed to become outdated again, the sustainability of this vital workforce can be ensured.

Primary Health Care

Targeted spending on primary health care is a means of addressing the health needs of individuals before they become more acute. A proactive investment in 'wellness', rather than reactive spending on the treatment of illness, represents a longer-term investment in the health of the community.

While the creation of Primary Health Networks (PHNs) tasked with addressing local population health needs is a positive initiative for local communities, OTA believes there should be greater investment in raising community and GP awareness of the vital 'value add' provided by allied health professionals. This will enhance the holistic nature, and therefore the effectiveness, of primary health care.

Allied health professionals are highly trained individuals that often have professional expertise in specific fields beyond that of general practitioners. Not enough GPs understand exactly what it is that some allied health professions do, and the nature of the contribution they make to a client's wellbeing. This is particularly true of the role of the occupational therapist in primary health care.

By enabling people to participate in daily activities, occupational therapists are key to promoting health and wellbeing, and illness prevention. By assisting the injured to return to work as soon as possible, occupational therapists enhance economic productivity. And by promoting wellness, occupational therapists help minimise avoidable hospitalisations, thereby relieving pressure on the health system.

OTA welcomed the development of the Draft Primary Health Care 10 Year Plan, and OTA supports the draft plan's goal of a well-integrated, cost-effective, accessible and sustainable primary health care system that is underpinned by continuity of care. The draft plan includes some actions that OTA supports, including the continuation of telehealth and the ongoing emphasis on multi-disciplinary health teams.

However, OTA believes that allied health and specifically occupational therapy should figure more prominently in the context of all recommended actions in this plan. The actions outlined by the plan fail to effectively utilise the allied health workforce. While OTA acknowledges that there must be a "gatekeeper" to assess the client and coordinate the work of the multi-disciplinary team, experience to date suggests that our already overstretched GPs struggle on occasion to perform this role. A coordinated system where GPs and allied health professionals cooperate more closely would remove many barriers for Australians seeking to access primary and allied health services.

Additionally, the National Preventive Health Strategy 2021-2030, recently published by the Commonwealth Department of Health, represents another opportunity where allied health professions should be placed at the heart of public health policy. As indicated earlier, occupational therapists, along with other allied health professions, are highly skilled in the prevention of illness. Given their central role in the delivery of primary care and the prevention of disease, it is imperative that allied health professions, including occupational therapists, be given a voice to influence and improve policy development.

Any workable primary care model will need to commit to genuine inter-disciplinary care, valuing the key role played by all members of the care team. Additionally, this model needs to consider funding mechanisms to support care pathways and coordination of care across services and sectors

Recommendation: The Australian Government implement an interdisciplinary, preventative model of health care that encourages active dialogue between all members of a patient's care team.

Recommendation: Any further draft plans or strategies should place greater emphasis on the important role of allied health professionals in providing effective primary health.

Aged Care

Occupational therapists play a key role in providing aged care services to older people, both in the community and in Residential Aged Care Facilities (RACFs).

Occupational therapists work with older people with age-related conditions such as poor balance and coordination, memory loss and confusion, and vision and hearing loss, which lead to changes in their ability to participate in the meaningful activities of everyday life.

OTA welcomed the Government commitment in the last federal budget of $17.7 billion over five years to reform the aged care system in response to the Royal Commission into Aged Care Quality and Safety. OTA also welcomed the Royal Commission's *Aged Care and COVID-19 special report*, which calls for a greater allied health presence in RACFs.

Home Care

OTA supports the funding from the last Federal Budget for home care and hopes that it is carried forward into 2022-23. We support keeping Australians in their homes for longer, and the expansion of the Quality Indicator system into home care. Significantly, Occupational therapists provide clients with lasting interventions to assist in the daily activities associated with ageing in place, prevent functional decline (including falls prevention and maintaining a healthy eating pattern), and promote quality of life.

Occupational therapists have the necessary training and skills to ensure that an older person's home is as safe and enabling as possible. This expertise should be integral to home care policy in twenty-first century Australia (Nielson et al., 2019).

Australians who choose to age in place should have access to an occupational therapy functional home and environment assessment. This will ensure they have the best prospect of maintaining independence, with the least possible reliance on paid and unpaid services.

Despite this, there is currently no requirement to offer a client access to an allied health professional under their Home Care Package (HCP) funding. Whilst occupational therapy services are available under the Commonwealth Home Support Programme (CHSP), OTA members advise that it is insufficiently funded to deliver the right services to the right cohort and at the right time.

In any case, failure to engage an occupational therapist in the planning of home care arrangements jeopardises client safety, independence and quality of life. Occupational therapy services should be sufficiently funded to support better outcomes for home care clients.

OTA members also advise that funding for assistive equipment is severely limited across all schemes. Some equipment is too costly to provide through HCPs, particularly for clients with high care needs who cannot forgo other services to offset equipment costs.

This is highly regrettable, as the right equipment can enable people to remain at home longer and with greater independence (Scott et al., 2018).

Moreover, the Government should do more to assist older people through the home care system and get the resources they need. By the time the new home care program is implemented in 2023, up to 15 per cent more home care places than planned could be needed to eliminate the waiting list and the number will continue to increase as the population ages. Regionally based agents could provide this assistance and oversee the local service system and quality of care (Duckett & Swerissen, 2021, p. 3).

A consumer led and competitive RACF system

OTA supports the Government's provision of $200.1 million to empower older Australians and their families to make more informed choices about the quality and safety of aged care.

OTA participated in the consultation about the Discontinuation of the ACAR which will assign residential care packages to consumers, not providers. We appreciate that this should give consumers more control over their care and encourage providers to deliver better quality facilities and care.

OTA also made suggestions to help improve consumer choice and competition among providers.

The Aged Care Quality Standards outline the quality care that consumers should expect entering the aged care system. They promote holistic, individualised care that encompasses the physical, emotional, cognitive and social domains and maximise the independence and dignity of the older person. These characteristics align directly with the focuses of allied health and occupational therapy in particular.

Residential care providers would also benefit from making occupational therapists available to their residents. By enabling them to more closely align their care with the quality standards, care providers would provide higher quality care to their residents more efficiently.

Occupational therapists are trained to holistically assess the needs of a client and conduct a range of interventions. These include, but are not limited to:

- Prevention, assessment and management of chronic disease and illness (Garvey et al., 2018);
- Prescription of equipment, home modifications and adaptive strategies to restore function, prevent pressure injuries and promote independence (Rahja, 2018); and
- Provision of a range of interventions to support positive ageing and wellbeing across the lifespan (Frank et al., 2017; Nielson et al., 2018).

According to a recent study, older clients of occupational therapists typically present with dementia-related diseases, stroke, arthritis and/or Parkinson's disease; and face complex challenges associated with mobility, falls, frailty, depression and/or anxiety (Hubbard, 2019). It follows that these clients would benefit from the full spectrum of occupational therapy services. Yet the occupational therapy provided in RACFs consists almost exclusively of pain management (Hubbard 2019).

Furthermore, occupational therapists widely report being contracted to manage said pain using pre-determined treatments. Even when other interventions would be more beneficial, they are restricted to providing transcutaneous electrical nerve stimulation (TENS), massage or heat packs.

This care is not clinically determined. Rather, it is prescribed by RACFs as a means of generating funds under the Aged Care Funding Instrument (ACFI).

OTA understands that a range of Residential In-Reach (RIR) programs were discussed at the Royal Commission Hearing held in Canberra in December 2019.

RIR programs are generally facilitated by hospitals and primary health networks to provide multidisciplinary health services in nearby RACFs. These teams can comprise occupational therapists, social workers, physiotherapists, nurses, GPs and geriatricians. They provide subacute healthcare and education in RACFs, aiming to reduce the number of unnecessary hospitalisations.

OTA believes that RIR is a viable option for improving access to multidisciplinary healthcare in RACFs. For example, an occupational therapist could be asked to attend a facility to:

- Respond to dementia-specific confusion and behavioural disturbances;
- Conduct a functional assessment of a resident following a fall; or
- Prescribe aids and equipment which improve a resident's capacity to engage in activities of daily life (ADLs) (Peninsula Health, 2020).

Moreover, AN-ACC will be providing facilities with funding to assist their residents as they see fit. OTA recommends that a portion of this spending be used on occupational therapy, which would support the cognitive, physical, mental and social wellbeing of aged care recipients.

OTA also supports the Star Rating System for residential aged care, and hope that it will reserve 4 and 5 stars for providers that are delivering true, quality care, and thereby giving consumers and providers a higher standard of care to aim for.

Workforce

OTA supports the Australian Government's commitment to grow a larger and more skilled workforce, including programs to recruit, train and upskill allied health assistants, personal care attendants (PCAs) and nurses.

The Royal Commission's *Aged Care and COVID-19 special report* emphasised the importance of allied health professionals in aged care. OTA urges the Treasury to develop a fiscal strategy that enables the recruitment and training of more allied health professionals for the aged care system. 46 per cent more staff will be needed just to meet the planned increase in home care places (Duckett and Swerissen, 2021, p. 3).

However, initial training is only part of the solution. Allied health students and graduates, including occupational therapists, need incentives to work in aged care, and support structures such as mentoring once they graduate.

Recommendation: Funding for occupational therapy services – including home assessment, home modifications and equipment prescription – should be increased across all home care programs.

Recommendation: The Commonwealth should develop guidelines for reasonable and necessary home modifications and assistive equipment. These should be afforded to home care clients on the basis of clinical need, as determined by an occupational therapist or other skilled professional.

Recommendation: The Commonwealth Government should incentivise Residential Aged Care Providers to make occupational therapists available to their residents.

Recommendation: The Star Rating System for residential aged care should reserve 4 and 5 stars for providers that are delivering true, quality care.

Recommendation: The Commonwealth Government should incentivise occupational therapy students to work in aged care by providing graduate/early career programs

Mental Health

Improving access to mental health services through the Medicare Benefit Schedule (MBS)

Throughout 2019 the Federal Government conducted numerous reviews of MBS items, convening committees of experts to examine the efficacy of those items pertaining to their area of practice. Among items reviewed were those which constitute the *Better Access* initiative, which is the only nationally consistent mental health funding program and a vital source of support for many Australians. Occupational therapists have had a pivotal role in the *Better Access* program since its inception, and this role should be ongoing.

While the 2019 review of the *Better Access* initiative identified a number of challenges and potential solutions, the government opted to undertake a new review, beginning in 2021. OTA welcomes the fact that the committee conducting the new review is more professionally balanced than the previous committee of review, which included a disproportionate number of psychologists.

OTA welcomed the 2020-21 Federal Budget announcement of up to 10 additional Medicare-subsidised psychological therapy sessions each year for patients with an existing Mental Health Treatment Plan. This addition was a key recommendation of the review and of the Productivity Commission Inquiry into Mental Health. The additional items are making a positive, tangible difference in people's lives and should be retained.

However, rural communities and communities with less capacity to pay out of pocket fees still experience major access issues arising from low rebates and a lack of bulk-billing incentives or rural loading. The Headspace private practitioner model is hampered by similar issues, with access dependent on practitioners bulk-billing under Medicare *Better Access* funding. Hourly rebates of less than $78 are unsustainable for practitioners and instead lead to a concentration of services in inner metropolitan areas where consumers can afford to pay out of pocket costs of $100 or more per session. By way of contrast, rural NDIS mental health services may attract rebates of up to $291. Immediate changes are needed to address access issues for these communities.

OTA also welcomed the announcement that, from 10 December 2020 to 30 June 2022, the Australian Government has expanded eligibility for the *Better Access* initiative to allow those living in Residential Aged Care Facilities (RACFs) to access up to 20 Medicare subsidised individual psychological services each calendar year. This was a positive step to address the recommendations of the Royal Commission into Aged Care Quality and Safety's *Aged Care and COVID-19 special* report, providing an important means of accessing occupational therapy and other mental health services. However, current arrangements are due to expire on 30 June 2022 and there are indications that take-up of the items has been hampered by low rebates and the cost of travelling to a residental home to provide services.

OTA has long called for residents of RACFs to have the same access to mental health care as those older Australians living in their own homes, particularly given the fact that admission to an RACF can be a traumatising experience, one often associated with the loss of a spouse or life partner. Accordingly, OTA calls for the arrangements currently due to expire on 30 June 2022 to be made permanent.

Recommendation: The role of occupational therapists in the* Better Access *initiative should be ongoing.

Recommendation: Australian government introduces a bulk-billing incentive for Medicare Better Access services to support improved access for young people under the Headspace program and for consumers without the capacity to pay significant out of pocket costs including older people in residential care.

Recommendation: The Australian government introduce a rural loading for in-person Medicare Better Access Services provided in Modified Monash regions 4-7.

Recommendation: The government introduces permanent arrangements to support aged care residents to access up to 20 Medicare subsidised individual psychological services each calendar year.

The maldistribution of the health, aged care and disability workforce

In a land as vast as Australia, and with a population as urbanised as Australia's, it is unsurprising that our health, aged care and disability workforce is stretched so thinly between our major cities. But while the problem comes as no surprise, it nonetheless remains a problem.

Key issues behind these workforce shortages include the difficulty of recruiting and retaining workers, high turnover rates, inadequate availability of senior/experienced staff, and an oversupply of part-time and casual workers.

The federal government should work to address this maldistribution as a matter of urgency, ensuring those Australians living outside our major cities and regional centres enjoy reasonable access to health services befitting one of the world's most advanced countries. The stated determination of all governments to 'close the gap' of Indigenous disadvantage is another compelling reason to ensure such access.

Education must play a key role in any long-term solution to this problem. Regular and meaningful rotations through regional and remote locations during the training of medical and allied health professionals heighten the possibility that the student will eventually settle and practice in such a location. This is most easily achieved by way of training networks that link major metropolitan hospitals with smaller regional and rural hospitals. While this is largely the responsibility of state and territory governments, the federal government should work with, and encourage, these governments to implement such arrangements.

The provision of rural-based scholarships and fellowships is another means of attracting students and recent graduates to locations outside our major cities.

OTA strongly supports the development of an Allied Health Rural Generalist Pathway, which is key to the provision of multidisciplinary care in rural and remote areas. We also join with other organisations in calling for the development and implementation of a comprehensive rural and remote health strategy.

The appointment of a National Rural Health Commissioner in 2017 was an important step forward. While the office of the Commissioner is currently focussed on particular projects, notably a rural response to the COVID-19 pandemic and the recognition of Rural Generalist Medicine as a distinct field of practice, it must not lose sight of the need for a comprehensive strategy aimed at addressing workforce shortages in rural and remote Australia. As indicated above, the expanded use of telehealth consultations must inevitably play a part in any lasting solution to this problem.

Recommendation: The federal government commit to addressing workforce shortages, and consequently reduced access to essential services, in rural, regional and remote parts of Australia. The government might work with state and territory governments to develop training networks that link major metropolitan hospitals with smaller regional and rural hospitals, and increase the provision of rural-based scholarships and fellowships to attract students and recent graduates to locations outside our major cities.

Recommendation: The office of the National Rural Health Commissioner develop a comprehensive rural and remote health strategy specific to allied health, in consultation with all interested parties. The expanded use of telehealth consultations must figure in this strategy.

The occupational therapy workforce

There is a rapidly developing occupational therapy workforce shortage, with most states and territories reporting an inability to fill advertised positions. Unsurprisingly, and in line with other health professions, this workforce shortage is most acute in rural and remote areas of the country. This shortage persists despite new undergraduate courses in occupational therapy being established almost every year, and graduate numbers rising accordingly.

At the same time, demand for occupational therapy services is expected to grow due to a range of factors including:

- An increasingly ageing population with greater life expectancy, more complex needs and a preference to age in place;
- Increased National Disability Insurance Scheme (NDIS) coverage and the rise of individual funding models; and
- Renewed commitment at all levels of government to improve mental health and suicide prevention outcomes.

Continued challenges in workforce capacity

Workforce retention issues

OTA members note that there are complex barriers to workforce retention which must be addressed to keep experienced and knowledgeable occupational therapists in the system for longer. These apply in both metropolitan and regional areas of Australia.

There exists a lack of financial incentive to remain in the workforce. Low remuneration and limited potential for income growth compared with similarly qualified graduates outside the care and support sector is a disincentive to remaining within it.

And there needs to be far greater certainty of funding. Too many health services in remote areas are funded on an annual basis, leaving health professionals unsure whether a position that might otherwise seem highly attractive will even exist this time next year.

Secondly, the limited number of positions for senior occupational therapists, and of training opportunities to gain new skills and qualifications, is a problem confronting occupational therapists, particularly in rural and regional areas. This equates to a lack of opportunities for career progression in the clinical field, as the major pathway for promotion is via management and administration.

Furthermore, there is a lack of rurally based education programs, clinician researcher positions, and academic career pathways in non-metropolitan areas. This stunts the development of innovative interventions and rural-specific service delivery models. This further restricts the provision of necessary services in these regions, as positions go unfilled due to lack of trained occupational therapists.

OTA would strongly support strategies to develop career pathways for clinicians that enable them to work to top of scope and advanced scope of practice. This would help address workforce shortages and ensure clinicians' skills and expertise are used in the most effective way. This may take the form of "top of scope" and/ or "advanced scope" programmes for practitioners to prepare them for the workplace of the future, where there is more focus on complex client engagement, assessment and intervention planning, and less engagement with routine and repetitive tasks (PWC, 2019).

Strategies for retention and increased capacity of workforce

Entry Pathways

OTA members report that the entry pathway for gaining allied health qualifications can be more complex outside metropolitan areas, negatively impacting the supply of occupational therapists in rural and remote Australia.

As noted by an OTA member based in rural New South Wales:

> *The pathway to start and complete a degree, to actually obtain the qualification, is increasingly difficult for rural people. It is critical to 'grow your own' as the research clearly shows people with a rural background and/or a connection to rural areas are those most likely to be employed and stay. They then offer so much value with their skills and knowledge of clinical pathways, connecting people with disabilities, complex chronic conditions etc. to services.*

Knowledge of allied health

Initiatives to raise awareness and knowledge of allied health degrees would be useful, particularly in rural and remote environments where people may have less exposure to these professions. OTA members suggest career days at schools as a starting point, as well as more targeted, long-term strategies to raise the aspirations of potential students in rural areas and their communities.

Flexible courses

University degrees need to be more flexible and accessible for people who, for a variety of reasons, cannot spend whole semesters away from their home and family commitments. Furthermore, research suggests nursing and allied health students are more likely to take up rural jobs if they

study or have placements in these areas (Sutton et al. 2021). For this reason, governments across the country should ensure the training of allied health professionals involves, at the very least, regular and meaningful rotations through regional or remote locales. There should also be scholarships in place which attract students to regional campuses.

Traineeships
Another barrier is the difficulty of finding qualified allied health clinicians to provide training in these areas. This is an issue which warrants further consideration since it is a recognised pathway into university. Traineeships could include wraparound supports to mentor and support students through to degree completion. Implementation would require linking in with people based in these communities to set up, drive and monitor these initiatives.

Student placements
These need to be strategically planned and resourced. Busy clinicians working in a billable hours environment find it difficult to take on students. Resources such as online training contribute to improving skills; however, it is the frontline support that needs to be resourced.

Recommendation: The development of career pathways for clinicians that enable them to work to top of scope and advanced scope of practice.

Recommendation: The development of pathways for rural populations that facilitate their entry into higher education programs in allied health. This might include the flexibility to study remotely from regional or remote areas, or to undertake placements rurally.

Private health insurance

An ongoing concern to members of OTA is the lack of recognition of occupational therapy by Australian private health insurance funds. Some cheaper packages offered by private health insurers exclude occupational therapy altogether, while including other therapies with little evidence in support of their benefits. Many of the more expensive packages relegate occupational therapy to the status of an optional extra.

OTA believes it is critical that private health insurers are made aware of the efficacy of occupational therapy and are encouraged to incorporate its services in their basic packages. This would enable policy holders to access therapeutic services of proven value if and when the need arises.

At a time when government is focusing on the public health and economic benefits that flow from preventative medicine, OTA believes private health insurers should be encouraged to devote more energy and resources to preventative care when undertaking product design. While we recognise that many insurers offer customers benefits, such as discounted gym membership, that encourage healthy lifestyles, it is fair to say that there still exists a general belief that health insurance only 'kicks in' once someone is sick or injured.

In the case of elderly customers, for example, the health system and the private health funds would generate substantial savings by making even a modest investment in assistive technology and home

modifications as prescribed by an appropriate allied health professional. There is ample evidence to support the assertion that every dollar invested in falls prevention by a private health fund will save that fund multiple dollars and, more importantly, enhance the wellbeing and quality of life of its elderly policyholders.

Recommendation: The Australian Government encourage the private health insurance industry to play a more proactive role in the delivery of preventative healthcare and, in particular, falls prevention among elderly policyholders.

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